



Patient's name: _____ Date of birth: ____/____/____



Screening Questionnaire

for Adult, Child, and Teen Immunization

For patient or parent/guardian: The following questions will help us determine which vaccines may be given in clinic today. Please answer these questions by checking the boxes. If the question is not clear, please ask the nurse or doctor to explain it.

	Yes	No	Don't Know
1. Are you/child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you/child have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you/child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you/child had a seizure or brain problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you/child, or any other person who lives with or takes care of the child, have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you/child, or any person who lives with or takes care of the child, taken cortisone, prednisone, other steroids, anticancer drugs, or x-ray treatments in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you/child received a transfusion of blood or plasma, or been given a medicine called Immune (gamma) globulin in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you/child/teen pregnant or is there a chance you/she could become pregnant in the next three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient/parent/guardian signature _____ Date _____

Did you bring your child's immunization record card with you? yes ☐ no ☐

It is important for you to have a personal record of your child's shots. If you don't have a record card, ask the child's doctor or nurse to give you one! Bring this record with you every time you bring your child to the clinic. Make sure your clinic records all your child's vaccinations on it. Your child will need this card to enter daycare, kindergarten, junior high, etc.

Item #P4060 (8/99)